

WISCONSIN BIRTH CERTIFICATE APPLICATION

✂ Send completed form, self-addressed envelope and appropriate fee to the following address.

✂ Make check or money order payable to: **Register of Deeds, 1320 Pewaukee Road, Room 110, Waukesha, WI 53188-2485**

If you have questions, please call the Register of Deeds, Vital Records at (262) 548-7588 or 548-7587

PENALTIES: Any person who wilfully and knowingly makes false application for a birth certificate shall be fined not more than \$10,000 or imprisoned not more than 3 years or both.

APPLICANT INFORMATION	THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION					
	YOUR Name (Please Print)					
	YOUR Signature			Today's Date		
	YOUR Daytime Telephone Number ()					
	YOUR Street Address			MAIL TO Address (if different)		
	City / State / Zip			City / State / Zip		
RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	According to Wisconsin State Statute, a CERTIFIED copy of a BIRTH record is only available to a person with a "Direct and Tangible Interest". If you do not meet any of the criteria for boxes A – F, you can only receive an uncertified copy.					
	Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the record:					
	<input type="checkbox"/> A. I <u>am</u> the PERSON NAMED on the record.					
	<input type="checkbox"/> B. I am the <u>parent</u> of the PERSON NAMED on the record, and my parental rights have not been terminated. (Note: In the case of a non-marital birth, the father's rights must have been established before he may obtain a copy of the record under this category.)					
	<input type="checkbox"/> C. I am the <u>legal custodian or guardian</u> of the PERSON NAMED on the record.					
	<input type="checkbox"/> D. I am a <u>member of the immediate family</u> of the PERSON NAMED on the record. (Only those listed below qualify as immediate family.) CIRCLE ONE: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Spouse Child Brother Sister Grandparent </div>					
	<input type="checkbox"/> E. I am a <u>representative authorized</u> , in writing, by any of the aforementioned (A through D). The written authorization must accompany this application. Specify whom you represent _____					
	<input type="checkbox"/> F. I can demonstrate that the information from the record is necessary for the <u>determination or protection of a personal or property right</u> for myself/my client/my agency. Specify interest _____					
	<input type="checkbox"/> Other: Uncertified copy only. Copy will not be valid for identification purposes.					
	FEES	FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND				
<input type="checkbox"/> \$12.00 First copy (Fee is for a search and a first copy.) <input type="checkbox"/> \$ 3.00 Each additional copy of the same record, issued at the same time as the first copy.						
BIRTH INFORMATION	FIRST NAME		MIDDLE NAME		LAST NAME AT BIRTH	
	SEX	MONTH	DAY	YEAR	CITY	COUNTY
	MOTHER'S MAIDEN NAME		FIRST NAME		MIDDLE NAME	
	FATHER'S LAST NAME		FIRST NAME		MIDDLE NAME	
OFFICE USE	Below is FOR OFFICE USE ONLY					
	File Date			Mother's County		
	Certificate Number if Known					